

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 229333

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

Entity Name: FLORIDA BONDED POOLS, INC.

**Current Principal Place of Business:**

8608 BEACH BOULEVARD  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

8608 BEACH BOULEVARD  
JACKSONVILLE, FL 32216

**New Mailing Address:**

FEI Number: 59-0879503      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLARKSON, JEFFREY B  
8608 BEACH BLVD  
JACKSONVILLE, FL 32216      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: T      ( ) Delete  
Name: CLARKSON, NANCY  
Address: 13087 ISLE WORTH RIDGE DR  
City-St-Zip: JAX, FL 32225

Title: P      ( ) Delete  
Name: CLARKSON, JEFFREY B  
Address: 3745 TIMUCUA TR  
City-St-Zip: JACKSONVILLE, FL 32277

Title: VP      ( ) Delete  
Name: PATE, DEBORAH D  
Address: 3365 JACQUELINE DR  
City-St-Zip: JAX, FL

Title: SEC      ( ) Delete  
Name: CLARKSON, EDITH A  
Address: 3745 TIMUCUA TRAIL  
City-St-Zip: JACKSONVILLE, FL 32277

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY B. CLARKSON

P

04/29/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date